

Delivering cardiovascular care during the coronavirus pandemic



As part of our series looking at how the NHS has continued to offer care across a wide range of settings during coronavirus we caught up with Dr Damian Kelly, Consultant Cardiologist at University Hospitals of Derby and Burton NHS Foundation Trust, to find out if coronavirus has affected the way he has delivered his role.

As we begin our interview with Dr Damian Kelly, the sun drenched days of May have started to slip into distant memory as early June brings with it hazy mornings and clouds that would make you wary about hanging the washing out.

Due to fears of catching COVID-19 or putting additional strain on the NHS, April and May saw many people up and down the country choosing to stay away from hospital and not seek the medical assistance they perhaps needed. This trend is no different for University Hospitals of Derby and Burton NHS Foundation Trust (UHDB) which saw a reduction in the number of emergency patients attending with serious health concerns, such as a heart attack or stroke.

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of around half during April, but have experienced a ‘catch up’ surge since mid-May. Treating heart attacks is the most fulfilling part of my job, but it remains the case that prompt treatment is vital to ensure a good patient outcome.”

The arrival of coronavirus meant the way cardiovascular care was delivered had to change rapidly. With approximately 70% of wards geared to support potential coronavirus patients at the time of the peak, the vast majority of Damian’s elective work had to be temporarily stood down. “Perhaps the most persistent changes will affect outpatient care,” says Damian. “Ensuring the safety of patients and staff – minimising

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“The amount of people not coming in after lockdown measures were announced was striking.” reflects Damian. Before we even begin to talk about how coronavirus affected the way he delivered his role, Damian is keen to stress how important it is for people to act quickly should they have any adverse symptoms, in particular chest pain. “We don’t want to miss a heart attack that we could potentially treat,” says Damian. “We saw a reduction in presentation with major heart attacks (STEMI)

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their chances of being exposed to the virus – was the most important thing and this meant reducing the amount of face-to-face contact as much as possible. We had to rapidly rewrite protocols for the rapid access chest pain clinic and the heart failure service with this in mind.

“There were a lot more telephone clinics with patients and video conferencing. We started doing a lot more coronary CT scanning in the rapid access chest pain clinic in place of treadmill testing which would see a patient wired up to an ECG with a nurse observing – well, you can imagine the amount of spluttering a person might do during a treadmill test! We also used this time to think about how elective work would be delivered in the future.”

Damian is part of a Trust-wide outpatient reorganisation team and he is keen to continue with some of the changes that were made in response to coronavirus and have enhanced patient care. “Sometimes it takes a big event to push forward change and there are definitely positives to be taken from coronavirus. There will certainly be fewer face-to-face follow up appointments with patients in the future. This period has shown us that we can provide excellent outpatient care through telephone clinics and video conferencing – so if it’s safe and appropriate to do so why wouldn’t we see a patient in this way as opposed to making a patient travel all the way to us – with all that entails - for a 15 minute appointment?”

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“Technology absolutely has a place in what we are calling the ‘new normal’ world which will see us care for non-covid patients in the knowledge that coronavirus exists. We were able to use technology to a degree to help manage patients during the peak of coronavirus, but we are scratching the surface with things like wearable technology and remote monitoring so you can expect to see this harnessed much more in the future. For example, we’ve accelerated our programme for remote monitoring of pacemaker follow ups. Modern pacemakers have

a bluetooth function. The pacemaker connects to a patient’s broadband and automatically sends us all the information we need to monitor a patient’s progress.

“In the future we hope to move to more one-stop clinics. This would see a patient come to the hospital to have as many appointments on the day as possible – consultant appointment, x-ray, MRI, bloods etc. There are challenges to making this a reality, but we are determined to see how we can overcome them.”

For Damian, as with many people working in the NHS, the immediate challenge is to try and catch up on elective work. “Ensuring the safety of our patients is the most important thing. The temperatures of staff and patients will be monitored regularly and, of course, we’ll continue to wear PPE. We’ll do as much day case work as possible. By ‘day case work’ I mean patients who are admitted and discharged on the same day as planned.”

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The task ahead for Damian and his colleagues cannot be underestimated. Before our interview with Damian ends we ask him how he feels about the next steps towards restoring services across the NHS. “We certainly have a journey ahead of us that’s for sure, but in the last few months the entire multi-disciplinary team have worked together to overcome many complicated issues to deliver the best possible outcome for the people of Derbyshire. I am confident that we can rise to the challenge.”

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